2. When a tumor with encephalitis, or when a partial encephalitis exists, then follows a descending phlegmasia, which causes a sclerosis of the optic nerve, and exudation that constrict the papilla, and finally cause its atrophy.

3. If the cord is affected by an anterior or posterior sclerosis, since by reason of its relations with the sympathetic, the spinal cord acts on the eye, there results a papillary hyperæmia, which in time causes atrophy. This is what we see in locomotor ataxy.

4. Finally, in all the diatheses and infections, when the whole system suffers, the eye also is affected, and we have certain forms of neuritis and choroiditis.

After this preamble, M. Bouchut, by means of his luminous projection, showed mural pictures of all the ocular lesions produced by cerebro-spinal diseases. There were exhibited spinal neuritis, and those due to locomotor-ataxia, neuritis, and neuro-retinitis produced by tuberculous, typhoid or rheumatismal meningitis—by cerebral hæmorrhage or softening, by hydrocephalus or thromboses of the sinuses of the dura mater—by chronic encephalitis, and by the encephalitis resulting from cardiac disease—by cerebral tumors—by tuberculosis—by syphilis—by albuminuria—by leukæmia, etc.; and finally, the neuritis resulting from paralysis of the sixth pair, those following certain epilepsies, hallucinations, contusions of the head, etc.—*La France Medicale*, March 27.

CHLORAL.—G. Leonardi (*La Nuova Liguria Med.*, XXI., 1874) abstracted in *Allg. Med. Central-Zeitung*, offers the following general conclusions in regard to this drug :

1. Beneficent as is this agent, it cannot be denied that it is sometimes misemployed. More than 2,200 pounds are annually used in the city of London.

2. The unfavorable results from the use of [the remedy, so far observed, are not to be laid to its account, but to the indiscretion of physicians who, without regarding the physiological, therapeutic, and toxic action of the drug, employ it indiscriminately in the most diverse affections.

3. The contradictory opinions among physicians as to the drug, are due to the fact that the researches and observations so far made are insufficient; we do not yet possess any certain information as to its indications and contra-indications.

4. Chloral hydrate acts first as an excitant and second as an anæsthetizing agent, acting as such particularly on the cerebral centres. Its action is rapid and constant, depending on the more or less good composition of the preparation used, and on the idiosyncrasy of the patient.

5. It can be administered either by the mouth or anus, and preferably in teaspoonful dose of the solution in syrup, or dissolved in water for injection into the rectum.

6. The administration of chloral as a hypnotic is advisable in all cases where the beneficial influence of sound sleep is needed. It is contra-indicated in cases of cardiac weakness with valvular deficiency, whenever there is disorganization of the mucous membrane of the digestive organs, and also in advanced disease of the organs of respiration.

7. The average dose ranges between two and five grammes (=30 grs.—75

grs.). More than eight grammes should never be given, since in above that quantity it becomes a deadly poison.

8. A valuable and essential remedial agent in the hands of the understanding physician, it may become a dangerous poison in those of inexperienced and superficial persons.

TREATMENT OF HYPERTROPHIES AND ATROPHIES.—The following are the conclusions of a memoir by M. Dally (*Gaz. Hebd.*) *La France Medicale*, March 20 :

1. It is important in practice to distinguish first of all the trophic disorders, and especially the hypertrophies which depend upon a primitive acute or chronic alteration of the nervous centres, and those which have their point of departure from a direct and primary lesion of the peripheral organs.

2. The first are generally incurable ; but they can usually be much diminished when their locality is primarily cerebral, or when they take on an acute course in the cord that can be modified at a period near its beginning.

3. The hypertrophies of peripheral origin, traumatic, rheumatismal, professional, anæmic, are, on the contrary, usually curable.

4. In the treatment of hypertrophies, the physical agents, caloric manipulations and electricity, may be used with success whenever they reach the primitive lesions. They act in creating local conditions favorable to nutrition, and not in artificially provoking the spinal nerves governing the circulation and secretions. This latter action, if it really takes place, is soon exhausted and unfruitful.

5. Chemical agents seem to have no other action than that of favorably modifying the digestion.

6. The biological agents, such as exercise and gymnastics, cause, when they are effective, functional activities, the conflict of the innervation and the proper function of the elements which seem necessary or at least favorable to trophic processes.

7. The systematic and combined employment of these different agents gives to the physician a powerful influence on the direction of the nutritive functions.

STRYCHNIA AND CURARE.—At the session of the Soc. de Biologie, Feb. 20 (reported in *Gaz. des Hopitaux*), M. Dupuy stated that he had performed some experiments on frogs that demonstrated anew that strychnia and curare did not produce the effects on the nervous system of these animals that had been claimed by MM. Martin-Magron and Bouisson.

1. A frog, to which a large dose of strychnine has been administered, is taken with violent tetanic convulsions, and then falls into a state of complete resolution. If now we irritate the posterior limbs, we do not excite muscular contractions, but if we expose the sciatic nerve, and irritate it directly, we call forth contractions in the muscles supplied by it.

2. If we apply a ligature on the lumbar region of a frog, so as to isolate the whole posterior part of the body, and then give large doses of strychnia, the tetanic convulsions and subsequent relaxation take place. If now, at